

# Honors Thesis Approval Form

Name \_\_\_\_\_

Class Year \_\_\_\_\_

Email address: \_\_\_\_\_

Phone \_\_\_\_\_

Primary Thesis Advisor Name: \_\_\_\_\_

2<sup>nd</sup> Thesis Advisor Name: \_\_\_\_\_

Research Topic: \_\_\_\_\_

Description of work to be done:

Approvals:

Thesis Advisor #1 Signature: \_\_\_\_\_

Thesis Advisor #2 Signature: \_\_\_\_\_

Please return form to Sara Klinkbeil upon completion: [sklinkbe@cs.rochester.edu](mailto:sklinkbe@cs.rochester.edu)